



# CLARK COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH

1950 Fort Vancouver Way P.O. Box 9825

Vancouver, WA 98666-8825

Phone (360) 397-8428 Fax (360) 397-8084

## PERMIT APPLICATION FORM FOR A FOOD SERVICE ESTABLISHMENT

This form must be completely filled out and signed for a new permit or to renew an existing permit.

NAME OF FOOD SERVICE ESTABLISHMENT (dba) \_\_\_\_\_  
SITE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE WA ZIP \_\_\_\_\_  
SITE PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

OWNER or CORPORATION NAME \_\_\_\_\_  
OWNERSHIP STATUS OF ABOVE: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC  
LIST ALL THE OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.  
OWNER NAME \_\_\_\_\_ OWNER NAME \_\_\_\_\_  
OWNER NAME \_\_\_\_\_ OWNER NAME \_\_\_\_\_  
BUSINESS/HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ HOME/EMERGENCY CONTACT PHONE \_\_\_\_\_

BILLING INFORMATION / NAME OF CONTACT \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BILLING PHONE \_\_\_\_\_ BILLING FAX NUMBER \_\_\_\_\_

Does the above owner/company operate or own other food service establishments in Clark or Skamania County? YES ☐ NO ☐

IF YES, please list those establishments \_\_\_\_\_

IS THIS A CHANGE IN OWNERSHIP? NO ☐ YES ☐ If YES, Date of change: \_\_\_\_\_ Previous establishment's name: \_\_\_\_\_

WATER: ☐ Amboy (CPU) ☐ BattleGround ☐ CPU ☐ Camas ☐ Vancouver ☐ Washougal ☐ Yacolt (CPU) ☐ Other \_\_\_\_\_  
☐ Small Public Water Supply Name and ID # \_\_\_\_\_ ID # \_\_\_\_\_

SEWAGE: ☐ Public Sewer ☐ On-site septic system. Last inspection or pumping date: \_\_\_\_\_ \*\*Attach copy of this pumping/inspection.

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describes the type of establishment you are operating.

☐ Restaurant ☐ Tavern/Bar ☐ Public Kitchen/Grange ☐ Motel/Hotel ☐ Food Bank ☐ B & B ☐ School Cafeteria ☐ Head Start  
☐ Espresso Cart ☐ Mobile Truck ☐ Bakery (only) ☐ Concession Stand/Cart ☐ Caterer ☐ Little League ☐ Annual Itinerant ☐ Farmer's Market  
☐ Grocery Store and ☐ Deli and ☐ Bakery and ☐ Meat/Fish Market ☐ Meat/Fish Market (only) ☐ Convenience Store & Deli ☐ Convenience Store

ANNUAL GROSS FOOD, BEVERAGE & ALCOHOL REVENUE: (For restaurants and taverns only) Washington State Tax ID # \_\_\_\_\_

Check one: A. ☐ 0 - \$250,000 B. ☐ \$250,000 - \$500,000 C. ☐ \$500,000 - \$750,000 D. ☐ \$750,000 - \$1,000,000 E. ☐ \$1,000,000 and over

The undersigned, as Manager and/or Owner, does hereby make application to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service and WAC 246-215. I understand that this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location. I give the Clark County Health Department permission to verify the revenue information I provided about my establishment.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY	Base Fee \$	Client ID #:
Date:	Level \$	Site ID #:
Receipt #:	Revenue \$	Permit Anniversary Date:
Received by:	Total Permit Fee Paid \$	Inspector: